

	Regulatory Standards Division AMA-200	Document #	Revision
		QF 210	Original
Title: Document Change Request Form			Page 1 of 1

Step 1	Originator		DCR #: _____	
Originator: _____		Position/Title _____	Date initiated: _____	Contact number: _____
Document Type: <input type="checkbox"/> System Level <input type="checkbox"/> Product Line Level <input type="checkbox"/> Procedures <input type="checkbox"/> Work Instructions <input type="checkbox"/> Forms <input type="checkbox"/> Other _____			Type of Action Requested: <input type="checkbox"/> New Document <input type="checkbox"/> Cancellation <input type="checkbox"/> Revision to an existing document	
Document Number _____	Document Title _____		Current Revision Level _____	
Reason for this change: _____		Contract Hours	ISS	SME
For contractor requirements, complete QF-260.01 .				
Signature: _____			Date completed: _____	
Step 2	Branch Manager (Product Level Documents only)			
<input type="checkbox"/> Nonconforming		Reason: _____	Assigned Author:	
<input type="checkbox"/> Major Change		<input type="checkbox"/> Minor Change	<input type="checkbox"/> Administrative Change	
<input type="checkbox"/> Accepted		Signature: _____	Date: _____	
Step 3	Management Representative (System Level Documents Only, Assigns Author)			
Assigned Author: _____		Signature: _____	Date assigned: _____	
Step 4	Author			
Affected Document(s): _____				
Detailed Description of Change: _____				
<input type="checkbox"/> Changes coordinated with Manager		Signature: _____	Date: _____	
Step 5	Management Representative (Not Approved)			
<input type="checkbox"/> Originator Notified		Reason: _____		
Signature: _____		Date: _____		
Step 6	Branch Manager (Not Approved)			
<input type="checkbox"/> Responsible Course Manager notified		Reason: _____		
Branch Manager Signature: _____			Date: _____	
Step 7	Branch Manager or Management Representative (Approved)			
<input type="checkbox"/> Change Implemented		Effective Date: _____	<input type="checkbox"/> Master List Updated	
<input type="checkbox"/> Superseded document archived (if applicable)		<input type="checkbox"/> Appropriate personnel notified		
Manager Signature: _____			Date: _____	